



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

March 6, 2007

Marilyn Sheppard, Administrator  
Ivy Gardens Assisted Living  
1107 15th Ave South  
Nampa, ID 83651

License #: RC-754

Dear Ms. Sheppard:

On January 18, 2007, a life safety code survey was conducted at Ivy Gardens Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

EM/slc



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February 2, 2007

Marilyn Sheppard, Administrator  
Ivy Gardens Assisted Living  
1107 15th Ave South  
Nampa, ID 83651

Dear Ms. Sheppard:

On January 18, 2007, a life safety code survey was conducted at Ivy Gardens Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 17, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R754</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>IVY GARDENS ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1107 15TH AVE SOUTH NAMPA, ID 83651</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 18, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

FMWO21

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Ivy Gardens Assisted Living</i>	Physical Address <i>1107 15th Avenue South</i>	Phone Number <i>466 7330</i>
Administrator <i>Marilyn Sheppard</i>	City <i>Nampa</i>	ZIP Code <i>83651</i>
Survey Team Leader <i>Eric Munnell</i>	Survey Type <i>Fire / Life Safety</i>	Survey Date <i>Jan 18, 2007</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.250.15	<u>Call system</u> : A call system had not been installed in the facility. There is no intercom that would be approved prior to January 2006.	2/26/07 <i>SM</i>
2	16.03.22.405.01b	<u>Electrical equipment</u> : An extension cord was powering a freezer in the shed in the back yard.	2/26/07
3	16.03.22.750.01	<u>Fire Drills</u> : Drills were not documented for the third quarter of 2006 (July - September).	2/26/07
4	16.03.22.750.03	<u>Furnace inspection</u> : There was no report maintained on file to show the furnace had a full annual inspection in 2006.	2/26/07
5	16.03.22.750.05b	There was no documentation of staff conducting monthly tests of the fire alarm system.	2/26/07

Response Required Date <i>Feb 18, 2007</i>	Signature of Facility Representative <i>X [Signature]</i>
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